

Jill Irving Canadian Youth Equestrian Mentorship Program

Application Form

Please email all completed forms to rsvp@jdirving.com

Participant's Name:	Date of Birth: YY/MM/DD
Address:	Phone Number:
Provincial Equestrian Association Membership Number:	Coach's Name:
Parent Name:	Parent Signature:
Participant Biography (please provide a short biography of yourself, including any equestrian related accomplishments, and your specific equestrian goals)	

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